

CDC

LEUKEMIA
SURVEILLANCE
PROGRAM

REPORT NO. 2

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U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
BUREAU OF DISEASE PREVENTION AND ENVIRONMENTAL CONTROL
NATIONAL
COMMUNICABLE DISEASE CENTER
ATLANTA, GEORGIA 30333

P R E F A C E

The leukemia surveillance program was begun in 1966 by the National Communicable Disease Center (NCDC) in association with the National Cancer Institute (NCI). The program consists of a series of leukemia case reporting projects in different parts of the United States with a central case registry maintained at the NCDC. The program's goals are 1) to develop a source of accurate and current leukemia incidence data in the United States and 2) to assist research efforts, especially in the area of viral leukemogenesis, by identifying promptly after diagnosis individual cases or groups of cases worth special epidemiologic, genetic and virologic investigation.

This report contains data obtained through State and Local Health Departments participating in the leukemia surveillance program. Much of this information is preliminary and it is distributed primarily for the use of persons concerned with leukemia and cancer case-reporting or with related epidemiologic activities. Anyone wishing to quote this report is urged to consult the original investigators for confirmation and interpretation.

National Communicable Disease Center

Epidemiology Program

Leukemia Section

Statistics Section

David J. Sencer, M.D., Director

Alexander D. Langmuir, M.D., Chief

Clark W. Heath, Jr., M.D., Chief

Peter McPhedran, M.D.

Abraham I. Potolsky, M.D.

Ida L. Sherman, M.S., Acting Chief

Sara Wingo, Statistical Assistant

Stephen B. Thacker CDC Library



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SUMMARY

This report presents data received by the leukemia surveillance program concerning cases of leukemia diagnosed from July 1966 through June 1967. During this time, a total of 583 cases were diagnosed in 8 reporting areas participating in the program. These cases are analyzed in comparison with expected incidence and according to their distribution by age, race and sex, type of leukemia, and reporting area.

Also described in this report are several recent field investigations in which the NCDC has participated. These include studies of 6 leukemia case clusters and one instance of familial leukemia.

REPORTING AREAS

The leukemia surveillance program presently includes 10 reporting areas. In 7 of these areas (Table 1), case reporting began at the time the surveillance program started (July 1, 1966). In one area (Utah), case surveillance began on January 1, 1967. Case reporting projects have recently been established in two additional areas:

1. Harris County, Texas: Case reporting, retrospective to January 1, 1967, began in September 1967 for all cases of leukemia among residents of Houston and Harris County. Surveillance activities are being conducted in cooperation with the Harris County Health Department, the Houston Health Department, the Texas State Health Department, Baylor University (Texas Children's Hospital), the M.D. Anderson Hospital and Tumor Institute, and the University of Texas School of Public Health.

2. Nassau County, New York: Case reporting retrospective to January 1, 1967, was begun in October 1967. Surveillance is being limited to cases of childhood leukemia (under age 15) among Nassau County residents. This case reporting project is being sponsored by the Nassau County Health Department, Joseph H. Kinnaman, M.D., Commissioner of Health.

In most reporting areas, surveillance encompasses leukemia of all types at all ages. In two areas, however, reporting is being limited to leukemia of specific types or in specific age groups. In Utah, surveillance is directed primarily at cases of acute leukemia. In Nassau County, as mentioned above, case reports are being sought for childhood leukemia only. A single case report form (designed to handle cases of lymphoma as well as leukemia) (Figure 1) is used by all 10 areas in forwarding data to the central NCDC registry.

INCIDENCE DATA

This analysis concerns 583 cases diagnosed between July 1, 1966, and June 30, 1967, in residents of the 8 reporting areas listed in Table 1. This number of cases represents somewhat fewer cases than might be expected from 1960 incidence estimates. In part, this reflects a lag in reporting, especially for chronic cases. The bulk of the case deficit, however, is accounted for by the state of Washington where effective methods of case surveillance have proved more difficult to develop than in other more compact and centralized reporting areas. In other reporting areas, numbers of cases reported compare closely with expected numbers. (This is true of Utah, as well, if one bears in

mind that case reporting there is focused on acute leukemia and includes no cases diagnosed before January 1, 1967.)

Age, race and sex: Distribution of cases by race, sex and age are shown in Tables 2, 3, and 4. The ratio of male to female cases is reversed from expected in 5 of the reporting areas (Alameda County, Connecticut, Rhode Island, Utah and Washington). While the reason for this sex ratio reversal is not clear, it may merely represent an artefact of incomplete reporting. In the areas of Kansas City and Atlanta where case reporting seems most complete, the expected excess of male over female cases was found.

Case distribution by age follows expected patterns both within individual reporting areas and for the entire group of 583 cases. Among children, cases most commonly appear in the 1-4 year age group, while for adults numbers of cases steadily increase with age.

Type of leukemia: Each reporting area shows larger numbers of cases of acute leukemia than chronic leukemia (Table 5). The deficit in chronic leukemia cases probably reflects slower and less complete reporting. A small number of cases designated as "subacute" are included. All but one of these cases occurred in elderly patients (Table 6).

Predominant cell types are lymphocytic and granulocytic, but with substantial numbers designated as monocytic and undifferentiated. Four cases are described as having other cell types: 2 cases of acute histiocytic leukemia and 2 of leukemic reticuloendotheliosis (one designated as chronic leukemia).

As expected, acute lymphocytic leukemia (ALL) accounts for the bulk of cases under age 20, showing a marked peak in the 1-4 year age group (Table 6). No such peak is present for cases of acute granulocytic leukemia (AGL) under age 20. AGL accounts for the majority of acute cases in adults. Chronic leukemia is limited almost entirely to adults, with chronic granulocytic leukemia (CGL) more common among young adults than chronic lymphocytic leukemia (CLL).

UNUSUAL CASE FEATURES

Among the 583 cases, a number were reported as having unusual features. These cases, of course, do not represent the true incidence of such features in this case series but include only those cases for which some unusual feature was mentioned on the surveillance report form. These cases are summarized below and in Table 7.

Special clinical features: One case was reported as having histologic features of Burkitt's tumor. There was one case of congenital leukemia, AGL in a 1-month-old child. Five cases of AGL were designated as DiGuglielmo's disease or erythroleukemia.

Associated disease in patients: Eleven patients had a history of coexistent or preceding lymphoma. These included 3 children with ALL developing from lymphosarcoma, 5 adults with diagnoses of CLL and lymphosarcoma, 2 adults with ALL and lymphosarcoma, and one adult with leukemic reticuloendotheliosis following a diagnosis of reticulum cell sarcoma. Eight patients (all adults) had a personal history of cancer: 2 had CLL, 1 with bladder cancer and 1 with adenocarcinoma of the sigmoid colon. The other 6 had acute leukemia, 2 with malignant melanoma and one each with laryngeal cancer, adenocarcinoma of the uterus, adenocarcinoma of the ascending colon and cancer of the breast. One patient (an 80-year-old man) developed CGL one year after diagnosis of polycythemia vera. Two patients had leukemia associated with congenital malformations, one a 50-year-old man with ALL and mongolism, and one an 8-year-old boy with acute monocytic leukemia and syndactyly.

Associated disease in family: Thirteen patients had a history of leukemia, cancer or congenital malformation in immediate family relatives. These cases are listed below:

Patients		Family Members	
<u>age, race, sex</u>	<u>diagnosis</u>	<u>relation</u>	<u>diagnosis</u>
58 WM	acute lymphocytic	daughter	acute leukemia
85 WF	subacute granulocytic	sister	acute leukemia
72 WF	chronic lymphocytic	father	leukemia
71 WM	chronic lymphocytic	brother	leukemia
39 WM	acute granulocytic	daughter	cancer of hip
57 WM	chronic lymphocytic	brother	cancer of stomach
92 WM	acute granulocytic	father	cancer
		brother	cancer
85 WF	subacute granulocytic	mother	cancer
		brother	cancer
63 WF	acute granulocytic	mother	cancer of breast
68 WF	acute granulocytic	mother	cancer of breast
		sister	cancer of breast
13 WF	acute lymphocytic	father	cancer
3 WF	acute granulocytic	brother	mongolism
2 WM	acute lymphocytic	sib	club foot

Epidemiologic features: Seven patients had histories of unusual exposures to x-rays. Four had histories of exposures to a variety of potentially toxic chemicals. One patient (a 7-year-old girl) had contact with a herd of deer in which several animals were sick at the time of her illness onset.

EPIDEMIOLOGIC STUDIES

During the past year, the NCDC has continued its participation in field investigations of leukemia cases occurring under unusual circumstances. This has largely involved studies of leukemia case clusters or instances of familial leukemia. The main findings in 7 such studies are summarized below. Six of these involved leukemia clusters and 1 a family with multiple leukemia cases.

1. Monticello, Utah: During the 10 year period, 1956-1965, 4 cases of leukemia were diagnosed in residents of this isolated southeastern Utah town (1960 population: 1,845). An investigation of these cases was conducted in the spring of 1967 in cooperation with the Utah State Department of Health.

All 4 cases occurred in children and all were diagnosed as ALL.

<u>Age, race, sex</u>	<u>Date of onset</u>	<u>Diagnosis</u>
3 WF	September 1956	ALL
12 WF	August 1959	ALL
15 WM	September 1964	ALL
9 WF	May 1965	ALL

These cases represented more than 10 times the number expected (0.34) among Monticello children for the 10 year period.

Two features of these cases seemed unusual, beyond their being limited to ALL in children. a) The 2 most recent cases had their onset within 8 months of each other in 1964-1965. b) Although none of the patients or their families were related or closely acquainted, all 4 were closely

associated with the town's one elementary school. Two were students at the school at the time of their illness onset, 1 was a pre-school child with 3 older sibs attending the school at onset, and 1 was a high school student whose father was principal of the elementary school.

The town of Monticello was the site of a uranium refining mill between 1949 and 1960. As far as could be learned, there was no relationship between this mill and the 4 leukemia cases.

2. Parowan and Paragonah, Utah: Four cases of leukemia occurred between 1956 and 1967 in these two adjacent southwestern Utah towns (combined 1960 population: 1,786). Epidemiologic investigation of these cases was carried out in cooperation with the Utah State Department of Health in early 1967. The 4 cases represent a 2-fold increase in overall leukemia incidence for these two towns (expected incidence, 1.4 cases in 11 years).

Several features of these cases seemed remarkable. a) All 4 cases were diagnosed as acute leukemia, (2 lymphocytic and 2 granulocytic). No cases of chronic leukemia were known to have occurred in either town.

<u>Age, race, sex</u>	<u>Date of onset</u>	<u>Diagnosis</u>
13 WF	October 1959	ALL
15 WM	August 1960	ALL
55 WM	September 1966	AGL
13 WM	January 1967	AGL

b) The 4 cases occurred in two groups (Figure 2). The first 2 occurred within 10 months of each other in 1959-1960, the latter 2 within 4 months of each other in 1966-1967. c) Although there were no known associations among all 4 cases, 3 occurred in teen-age children all of whom attended the Parowan High School at the time of their illness onset.

3. Beulah, North Dakota: Two cases of acute leukemia occurred in this midwestern town (1960 population: 1,318) in the fall of 1966. Investigation of these cases was conducted in cooperation with the North Dakota State Health Department.

Expected incidence of leukemia in Beulah was estimated at roughly one case every 10 years. No previous cases of acute leukemia had been diagnosed in the town since 1953. Both cases occurred in middle-aged men:

<u>Age, race, sex</u>	<u>Date of onset</u>	<u>Diagnosis</u>
55 WM	October (November) 1966	acute leukemic reticuloendotheliosis
50 WM	October 1966	acute leukemic reticuloendotheliosis

Several features of these cases seem unusual: a) Both had their onset at the same time, in October or November of 1966; b) Both were diagnosed as having the same relatively rare leukemic cell type (reticuloendotheliosis); and c) The two men at the time of their illness onset were next door neighbors.

4. Warwick, New York: Two cases of AGL in adult men from Warwick, New York, (1960 population: 12,551) were diagnosed in August 1967. These cases were studied in cooperation with the New York State Department of Health and Dr. Janet Cuttner, Mount Sinai Hospital, New York City. Both cases

had their onset in July 1967.

<u>Age, race, sex</u>	<u>Date of</u>		<u>Diagnosis</u>
	<u>onset</u>	<u>diagnosis</u>	
52 WM	July 1967	August 1967	AGL
31 WM	July 1967	August 1967	AGL

Although the two men did not live close together in Warwick, both worked at the same automobile factory in Mahwah, New Jersey.

5. Douglas, Georgia: In May 1967, in conjunction with the Georgia State Department of Public Health, an investigation was made of 3 cases of leukemia reported to have occurred in residents of a single house in the southeastern Georgia town of Douglas (1960 population: 8,736). The 3 patients were from three different families living consecutively in a six-room, one-family house.

<u>Age, race, sex</u>	<u>Date of onset</u>	<u>Period of residence</u>	<u>Diagnosis</u>
		<u>in house</u>	
7 WM	July 1958	1952-1957	ALL
36 WF	March 1963	1957-1963	ALL
5 WM	December 1966	1964-present	CGL

The first case was a child with ALL, the second a woman with ALL, and the third a child with CGL (Philadelphia chromosome negative). The third patient was the grandnephew of the second. Illness in the first patient developed several months after his family moved away from the house in question. Materials used in constructing the house were typical for the area. Radiation levels in the house and on its lot were not elevated. Inquiries concerning the fate of earlier occupants of the house are in progress.

6. Metuchen, New Jersey: In September 1967, a study in cooperation with the New Jersey State Department of Health was made of 3 leukemia cases among residents of a single residential block in Metuchen, New Jersey (1960 population: 13,581). Two of these 3 patients were adults with CLL diagnosed in 1963; one was a child with acute leukemia diagnosed in 1965.

<u>Age, race, sex</u>	<u>Date of</u>		<u>Diagnosis</u>
	<u>diagnosis</u>		
65 WF	February 1963		CLL
70 WM	August 1963		CLL
1 WF	February 1965		acute stem cell leukemia

Expected incidence in this one-block area was estimated at about 0.1 case for the 7 year period, 1960-1966. No special associations were found among these 3 cases. Incidence data collected for leukemia in all of Metuchen, however, has suggested a concentration of cases since 1960 in the southern half of the town (Figure 3).

Although each of the above clusters may merely reflect chance aggregation, all 6 showed features which made other etiologic factors distinct possibilities. Because of this, several special studies have been undertaken in each cluster area:

1) Serum and peripheral blood leukocytes have been collected from all available immediate family relatives and surviving patients. Cells from these persons are being grown in vitro at the John L. Smith Memorial for Cancer Research, Maywood, New Jersey, in conjunction with the Special Virus Leukemia Program of the NCI. Efforts will be made to study these cell cultures for the presence of virus-like particles or evidence of viral activity. Serum specimens are being stored at the NCDC in anticipation of future possible research use.

2) Selected environmental materials (soil, water, etc.) have been collected to be screened for radioactivity content at the Southeastern Radiological Health Laboratory (USPHS) in Montgomery, Alabama. In certain cluster situations, measurements have also been made of levels of background radiation.

3) In Monticello and Parowan - Paragonah, Utah, and in Beulah, North Dakota, community-wide questionnaire surveys have been conducted to collect epidemiologic and demographic data on the populations of these towns as a whole. These surveys have been coupled with collection of serum and peripheral blood smear specimens from persons surveyed in each community.

Familial leukemia in Mississippi: Studies of 2 families in southern Mississippi in which multiple cases of leukemia have occurred are being carried out in conjunction with the Mississippi State Board of Health and the St. Jude Children's Research Hospital, Memphis, Tennessee. These families were encountered during an investigation of an apparent leukemia case cluster in Picayune, Mississippi. The 2 families are related by marriage; among their members, 10 cases of leukemia were found to have occurred (Figure 4). These cases are listed below by year of diagnosis. They include 6 cases of CLL, 2 of AGL, and 2 of acute leukemia, cell type unspecified.

<u>Initials</u>	<u>Age, race, sex</u>	<u>Year of diagnosis</u>	<u>Diagnosis</u>
A.M.	47 WM	1951	CLL
S.P.	17 WF	1952	Acute leukemia
M.L.	57 WF	1954	CLL
M.N.	44 WF	1955	CLL
L.L.	63 WM	1957	Acute leukemia
N.S.	58 WM	1957	CLL
R.P.	47 WF	1957	AGL
C.G.	50 WF	1959	CLL
S.P.	15 WM	1966	AGL
L.M.	59 WM	1967	CLL

The 6 cases of CLL were remarkable in that they all occurred in two first cousin sibships. Two cases of acute leukemia (R.P., 1957 and S.P., 1952) occurred in a mother and her daughter.

Several special laboratory studies have been undertaken in this family. Cytogenetic studies of peripheral blood lymphocytes are being carried out on 21 first degree relatives of the several leukemia cases. Serum from each of these persons has been stored at the NCDC and white blood cell differentials have been done on peripheral blood smears; one of these smears served to diagnosis CLL in L.M.. Peripheral blood leukocytes from this patient have been put into tissue culture at the John L. Smith Memorial for Cancer Research in a search for evidence of viral activity.

Table 1

Population, Expected Numbers of
Leukemia Cases (1960) and Observed
Numbers of Cases (July 1966-June 1967)
by Reporting Area.

<u>Reporting Area</u>	<u>1960 Population</u>			<u>Expected number of cases, 1960*</u>	<u>Number of cases diagnosed July 1966-June 1967</u>
	<u>Total</u>	<u>White</u>	<u>Nonwhite</u>		
Alameda County, California	908,209	768,996	139,213	64.52	51
Connecticut	2,535,234	2,423,816	111,418	187.68	180
Metropolitan Atlanta (Clayton, Cobb, DeKalb, Fulton and Gwinnett Counties, Georgia)	1,017,188	785,019	232,169	58.74	63
Metropolitan Kansas City (Johnson and Wyandotte Counties, Kansas, and Clay, Jackson and Platte Counties, Missouri)	1,062,843	944,160	118,683	74.90	96
Metropolitan Minneapolis - St. Paul (Hennepin and Ramsey Counties, Minnesota)	1,265,379	1,238,758	26,621	93.69	64
Rhode Island	859,488	838,712	20,776	66.19	53
Utah	890,627	873,828	16,799	56.60	19**
Washington	2,853,214	2,751,675	101,539	214.99	57
Total	11,392,182	10,624,964	767,218	817.31	583

* Corrected for age, race and sex and based on mortality rates for leukemia in the United States, 1960.

**Case reporting primarily limited to acute leukemia; includes only cases diagnosed since January 1, 1967.

Table 2

Cases by Race, Sex and Reporting Area
July 1966 - June 1967

<u>Reporting Area</u>	<u>White</u>			<u>Nonwhite</u>			<u>Unknown Race</u>			<u>Total</u>		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Alameda County, California	18	24	42	5	3	8	-	1	1	23	28	51
Connecticut	82	94	176	1	3	4	-	-	-	83	97	180
Atlanta	34	23	57	4	2	6	-	-	-	38	25	63
Kansas City	58	26	84	10	2	12	-	-	-	68	28	96
Minneapolis - St. Paul	32	29	61	2	1	3	-	-	-	34	30	64
Rhode Island	21	30	51	1	-	1	1	-	1	23	30	53
Utah	8	11	19	-	-	-	-	-	-	8	11	19
Washington	24	31	55	1	-	1	-	1	1	25	32	57
Total	277	268	545	24	11	35	1	2	3	302	281	583

Table 3
Cases by Age and Reporting Area
July 1966 - June 1967

<u>Reporting Area</u>	<u>Age Group</u>												<u>Unknown</u>	<u>Total</u>
	<u><1</u>	<u>1-4</u>	<u>5-9</u>	<u>10-14</u>	<u>15-19</u>	<u>20-29</u>	<u>30-39</u>	<u>40-49</u>	<u>50-59</u>	<u>60-69</u>	<u>70-79</u>	<u>80+</u>		
Alameda County California	-	2	1	1	-	3	3	1	7	9	14	10	-	51
Connecticut	1	9	4	6	5	3	3	14	16	36	51	31	1	180
Atlanta	-	5	2	1	4	5	4	5	6	13	10	8	-	63
Kansas City	1	4	6	4	5	4	5	7	10	14	24	12	-	96
Minneapolis- St. Paul	1	6	3	2	2	3	-	2	6	14	17	8	-	64
Rhode Island	1	5	4	3	1	3	2	5	4	10	11	4	-	53
Utah	-	2	4	2	2	3	3	-	2	1	-	-	-	19
Washington	1	5	-	2	3	-	4	2	9	13	7	10	1	57
Total	5	38	24	21	22	24	24	36	60	110	134	83	2	583

Table 4

Cases by Age, Race and Sex

Race and Sex	Age Group													Total
	<1	1-4	5-9	10-14	15-19	20-29	30-39	40-49	50-59	60-69	70-79	80+	Unknown	
White	5	36	24	16	20	22	21	34	57	102	125	81	2	545
male	3	15	12	6	9	10	14	16	34	57	57	44	-	277
female	2	21	12	10	11	12	7	18	23	45	68	37	2	268
Nonwhite	-	2	-	4	2	2	3	2	3	7	8	2	-	35
male	-	2	-	3	1	1	3	2	2	3	6	1	-	24
female	-	-	-	1	1	1	-	-	1	4	2	1	-	11
Unknown race	-	-	-	1	-	-	-	-	-	1	1	-	-	3
male	-	-	-	1	-	-	-	-	-	-	-	-	-	1
female	-	-	-	-	-	-	-	-	-	1	1	-	-	2
Total	5	38	24	21	22	24	24	36	60	110	134	83	2	583
male	3	17	12	10	10	11	17	18	36	60	63	45	-	302
female	2	21	12	11	12	13	7	18	24	50	71	38	2	281

Table 5

Cases by Type of Leukemia and Reporting Area
1966 - 1967

	<u>Alameda County</u>	<u>Connecticut</u>	<u>Atlanta</u>	<u>Kansas City</u>	<u>Minneapolis- St. Paul</u>	<u>Rhode Island</u>	<u>Utah</u>	<u>Washington</u>	<u>Total</u>
Acute	26	101	44	62	33	28	18	30	342
lymphocytic	5	23	10	12	12	14	10	11	97
granulocytic	14	48	19	35	15	12	7	16	166
monocytic	4	12	6	6	1	1	1	1	32
undifferentiated	1	13	8	8	2	-	-	2	34
other	-	1	-	-	1	-	-	-	2
unknown	2	4	1	1	2	1	-	-	11
Chronic	22	75	18	34	27	23	1	26	226
lymphocytic	12	51	12	21	18	16	-	22	152
granulocytic	6	24	5	13	8	7	1	4	68
monocytic	1	-	1	-	-	-	-	-	2
other	-	-	-	-	1	-	-	-	1
unknown	3	-	-	-	-	-	-	-	3
Subacute	1	3	-	-	4	1	-	1	10
lymphocytic	1	-	-	-	1	-	-	1	3
granulocytic	-	3	-	-	2	1	-	-	6
unknown	-	-	-	-	1	-	-	-	1
Unknown	2	1	1	-	-	1	-	-	5
lymphocytic	1	1	-	-	-	1	-	-	3
other	-	-	1	-	-	-	-	-	1
unknown	-	-	-	-	-	-	-	-	1
TOTAL	51	180	63	96	64	53	19	57	583

Table 6

Cases by Age Group and Type of Leukemia
July 1966 - June 1967

Type of Leukemia	Age Groups												Unknown	Total
	<1	1-4	5-9	10-14	15-19	20-29	30-39	40-49	50-59	60-69	70-79	80+		
Acute	5	38	24	21	18	22	22	21	26	52	63	29	1	342
lymphocytic	2	33	15	13	4	5	3	2	5	8	2	5	-	97
granulocytic	1	3	5	5	9	12	17	11	17	28	40	17	1	166
monocytic	-	-	1	2	1	3	1	4	2	4	12	2	-	32
undifferentiated	2	1	3	1	2	1	-	2	2	11	7	2	-	34
other	-	-	-	-	-	-	-	1	-	-	-	1	-	2
unknown	-	1	-	-	2	1	1	1	-	1	2	2	-	11
Chronic	-	-	-	-	3	2	2	13	33	54	70	48	1	226
lymphocytic	-	-	-	-	-	-	-	8	21	42	51	29	1	152
granulocytic	-	-	-	-	3	2	2	5	12	12	17	15	-	68
monocytic	-	-	-	-	-	-	-	-	-	-	-	2	-	2
other	-	-	-	-	-	-	-	-	-	-	-	1	-	1
unknown	-	-	-	-	-	-	-	-	-	-	2	1	-	3
Subacute	-	-	-	-	1	-	-	-	1	3	1	4	-	10
lymphocytic	-	-	-	-	1	-	-	-	-	1	-	1	-	3
granulocytic	-	-	-	-	-	-	-	-	1	1	1	3	-	6
unknown	-	-	-	-	-	-	-	-	-	1	-	-	-	1
Unknown	-	-	-	-	-	-	-	2	-	1	-	2	-	5
lymphocytic	-	-	-	-	-	-	-	1	-	1	-	1	-	3
other	-	-	-	-	-	-	-	1	-	-	-	-	-	1
unknown	-	-	-	-	-	-	-	-	-	-	-	1	-	1
TOTAL	5	38	24	21	22	24	24	36	60	110	134	83	2	583

Table 7
Unusual Case Features

	<u>Number of cases</u>
a) <u>Special clinical features</u>	
resemble Burkitt's tumor	1
congenital leukemia	1
erythroleukemia	5
b) <u>Associated disease in patient</u>	
lymphoma	11
other cancer	8
polycythemia vera	1
congenital malformation	2
c) <u>Associated disease in family</u>	
leukemia	4
other cancer	7
congenital malformation	2
d) <u>Special epidemiologic features</u>	
x-ray exposure	7
toxin exposure	4
animal contact	1

(5-8) NCDC #

Figure 2.
LEUKEMIA IN PAROWAN AND PARAGONAH, UTAH
BY MONTH AND YEAR OF ONSET
1956-1967

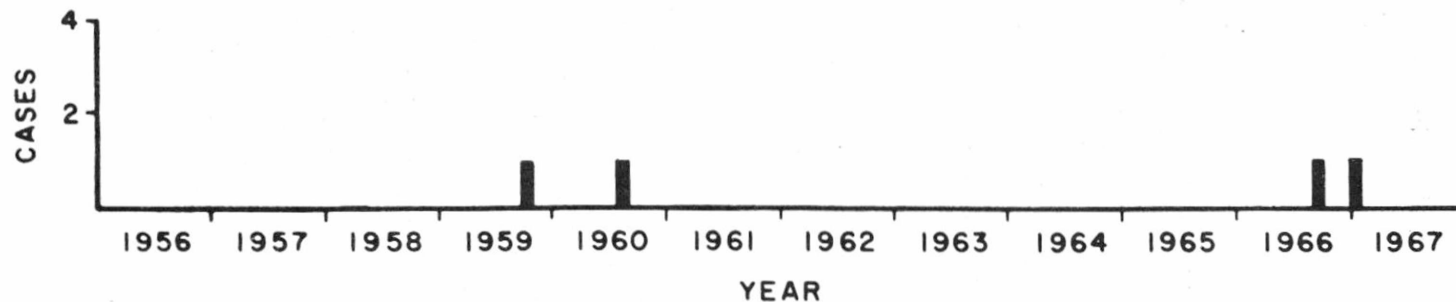


Figure 3.
LEUKEMIA IN METUCHEN, NEW JERSEY
1960-1966

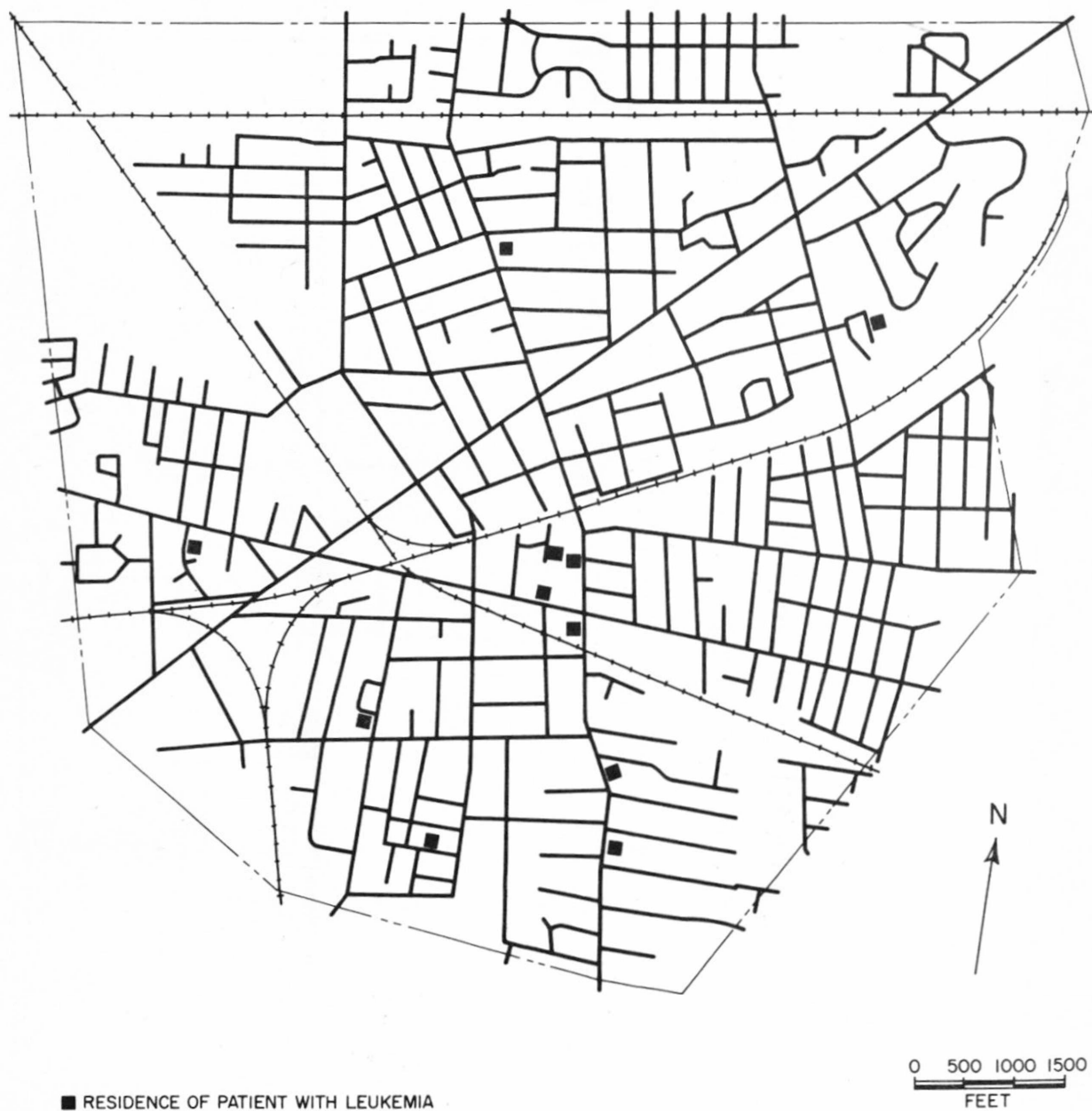


Figure 4
LEUKEMIA IN TWO MISSISSIPPI FAMILIES

